

Public Meeting for Montana Health and Economic Livelihood Partnership (HELP) Waivers

Agenda

- **Welcome and Introductions**
- **Posted Material**
- **Waiver Background**
- **Waiver Requests**
- **HELP Program**
- **TPA Model**
- **Eligibility Populations**
- **Medicaid State Plan Expansion Populations**
- **Premiums and Copayments**
- **HELP Benefit Plan**
- **HELP Program Timeline**
- **Public Comment Submittal**
- **Public Comment Process and Public Comments**

Posted Material

All information regarding the waivers can be found at:
<http://dphhs.mt.gov/medicaidexpansion>.

- Posted materials include:
 - Public Notice
 - Waiver Applications
 - Third Party Administrator (TPA) Request for Proposal

Waiver Background

- All federal Medicaid requirements apply unless the State Medicaid program requests and are granted approval from the Centers for Medicare & Medicaid Services (CMS) a waiver(s) of certain Medicaid requirements that are found in the Social Security Act.
- Only certain requirements may be waived such as state wideness, freedom of choice, comparability of eligibility and/or benefits.
- Waivers must always be cost neutral or cost effective to the federal government.
- The Secretary of Health and Human Services has complete discretion for a waiver approval.

Section 1115 and Section 1915(b)(4) Waiver Requests

Waiver Authority	Use of Waiver
§ 1902(a)(17)	To waive Medicaid comparability requirements allowing different treatment of newly eligible adults, such as the application of copayments and premiums on newly eligible adults enrolled in Medicaid through the TPA.
§ 1902(a)(14)	To impose monthly premiums that are equal to 2 percent of annual income on newly eligible adults enrolled through the TPA.
§ 1902(a)(23)	To waive Medicaid freedom of choice requirements relative to the TPA.
§ 1902(a)(8)	To waive the reasonable promptness requirement and permit disenrollment of participant's with incomes above 100 percent of the FPL who fail to pay required premiums.
§ 1902(e)(12)	To apply 12 month continuous eligibility to newly eligible adults.

HELP Program

- Coverage through a contract with a third party administrator (TPA):
 - Request for Proposal was posted July 1, 2015.
 - Requests will be accepted until August 18, 2015.
 - The contract will be awarded October 1, 2015.
- Program participants will:
 - pay an annual premium, billed monthly, equal to 2% of the participant's income; and
 - pay copayments up to no more than 5% of annual income when added to premiums.
- Participants are encouraged to participate in the workforce development program through the Department of Labor.

TPA Model

Montana is the only state in the nation that has proposed using a TPA model for Medicaid expansion. Montana's goals in using the TPA model include:

- leveraging an existing commercial insurer with established, statewide provider networks, turnkey administrative infrastructure and expertise to administer efficient and cost-effective coverage for new Medicaid adults;
- allowing rapid implementation of and adequate provider network capacity;
- supporting continuity and integration of Montana's Medicaid Program and the commercial insurance marketplace in the State; and
- providing Medicaid coverage through a provider network that is more likely to be available to as they gain economic independence and transition to private market coverage.

Eligibility Populations

The following populations will be eligible for TPA Services:

- Childless adults between the ages of 19-64 years of age, with an income at or below 138% of the Federal Poverty Level (FPL) – i.e. \$16,424 for an individual;
- Parents between the ages of 19-64 years of age, with an income between 25-138% of the FPL – i.e. \$27,724 for a family of three;
- May not be enrolled or eligible for Medicare;
- May not be incarcerated; and
- Must be a United States Citizen or documented, qualified alien.

Medicaid State Plan Expansion Populations

Benefits will be through the Medicaid State Plan for:

- American Indians/Alaska Natives;
- Individuals determined to be medically frail; and
- Individuals exempt by federal law.

Benefits may be through the Medicaid State Plan for:

- Individuals who live in a geographical area with insufficient health care providers; and
- Individuals in need of continuity of care that would not be available or cost-effective.

Premiums and Copayments

- Premiums (enrolled in TPA)
 - HELP Program participants must pay an annual premium, billed monthly, equal to 2% of the participant's annual income; and
 - Premiums will be collected by the TPA.
- Copayments (enrolled in TPA and Medicaid State Plan)
 - Copayments will be set at the maximum allowable copayment amount under federal law;
 - Total premium contributions and copayments cannot be more than 5% of the participant's quarterly income; and
 - Some individuals and services are exempt from copayments.

HELP Benefit Plan Includes

- 10 Essential Health Benefits (Categories of Service)
- Benefits outlined in the Benchmark Plan
- Additional Program Benefits
 - Dental Preventative Services
 - Dental Treatment Services
 - Eye Glasses
 - Audiology
 - Hearing Aids
 - Transportation

HELP Program Timeline

All dates are tentative and subject to change based on final approval from CMS for the 1115 and 1915b(4) waivers and State Plan Amendments.

- July 7, 2015 – September 7, 2015 : Waiver Public Comment
- September 15, 2015: Submit Waivers to CMS
- September 18, 2015 and September 20, 2015: Public Meetings
- October 1, 2015: TPA Contract Award (tentative date)
- November 15, 2015: HELP Program Participant Pre-Enrollment Begins
- January 1, 2016: HELP Program Begin

Public Comment Submittal

Comments may be submitted in writing by mail, email, or verbally in the public meetings. All comments will be reviewed and considered equally.

By Mail:

The Department of Public Health and Human Services

Attn: Jo Thompson

P.O. Box 202951

Helena, MT 59620-2951

By Email:

jonthompson@mt.gov

For Electronic Comment Form and Additional Information:

<http://dphhs.mt.gov/medicaidexpansion>

Public Comment Process

- Public Comment
 - This public comment is for the waivers only.
 - Public comment for other items such as the benefit plan, will be at a later date.
 - Each person will have 2 minutes for public testimony. If additional time is available at the end, the public can provide additional comments.
 - DPHHS Goal
 - Listen to as many public comments are possible in an organized manner.
 - All comments will be reviewed and considered equally whether they are received in person or on the phone.
 - DPHHS Role
 - Take comments from 5 in person attendees and then 5 from phone individuals in order of sign up.
 - Facilitate comments by holding time cards showing time left and time end.
 - Listen only and collect comments, not answer questions.
 - Public Role
 - Phone individuals, with hand raised, will speak in their sign in order.
 - In person attendees will speak in the order they line up.
- ✓ Turn off cell phones;
 - ✓ Line up to speak;
 - ✓ Be courteous to others by being quiet while others are speaking;
 - ✓ Keep to your allotted time; and
 - ✓ We encourage each person to submit a full copy of comments.

Public Comment